

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	4-8-98
FORMALITY REVIEW	Mh	71119	050498

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	10	✓	✓
2	10	✓	✓
3	10	✓	✓
4	10	✓	✓
5	10	✓	✓
6	10	✓	✓
7	10	✓	✓
8	10	✓	✓
9	10	✓	✓
10	10	✓	✓
11	10	✓	✓
12	10	✓	✓
13	10	✓	✓
14	10	✓	✓
15	10	✓	✓
16	10	✓	✓
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43	10	✓	✓
44	10	✓	✓
45	10	✓	✓
46	10	✓	✓
47	10	✓	✓
48	10	✓	✓
49	10	✓	✓
50	10	✓	✓

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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